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APPLICANTS

Louis De La Cruz, Pflugerville, TX;

Allen White, Austin, TX;

** CONTINUING DATA *****

NONE (Du)

** FOREIGN APPLICATIONS *****

NONE (Du)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 1714	INDEPENDENT CLAIMS 2
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ADDRESS

Greg J. Michelson
 MacPHERSON KWOK CHEN & HEID LLP
 Suite 226
 1762 Technology Drive
 San Jose , CA
 95110

TITLE

Sense amplifier systems and methods

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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